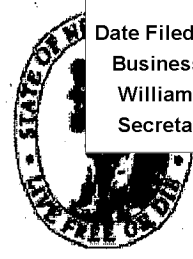


State of New Hampshire
Department of State
Corporation Division
107 North Main Street
Concord, N.H. 03301-4989
603-271-3244



Filed
Date Filed: 12/15/2010
Business ID: 542598
William M. Gardner
Secretary of State

Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of

Data Acuity, Inc

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the secretary of state of annual reports and any other forms with fees required by law. The date of the dissolution was November 8, 2010. (Note 1)

2. ~~OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.~~

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

3. Dated 12/15/10

By
Signature

James C. Desrosiers

Print or type name

President

Title

BIN: 542598

Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a CERTIFICATE OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 457, Concord NH 03301-0457, must be submitted with this application. The fee for the certificate of good standing, payable to the Department of Revenue Administration, is \$30.00.

Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.

Note 3: Signature and title of person signing for the entity. Must be authorized to sign on behalf of the entity as required by the Revised Statutes Annotated.

State of New Hampshire
Reinstatement Package 3 Page(s)



T1034959006

OK CM



State of New Hampshire 2009 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2009

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Data Acuity, Inc

400 Lafayette Rd., #2-2A
Hampton, NH 03842

ADDRESS OF PRINCIPAL OFFICE:

400 Lafayette Rd., #2-2A
Hampton, NH 03842

REGISTERED AGENT AND OFFICE:

Morris, Edward F, Esq
400 Lafayette Road
Hampton, NH 03842

ENTITY TYPE: CORPORATION

BUSINESS ID: 542598

STATE OF DOMICILE: NEW HAMPSHIRE

Development, sale, servicing of software

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

NAME James C. Desrosiers
STREET 400 Lafayette Rd. #2-2A
CITY/STATE/ZIP Hampton NH 03842

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

NAME James C. Desrosiers
STREET 400 Lafayette Rd. #2-2A
CITY/STATE/ZIP Hampton NH 03842

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

4

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): jimd@dataacuity.com



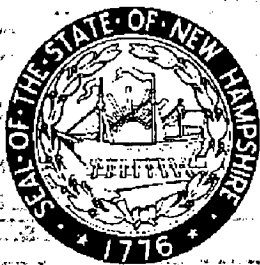
054259820091500

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529



State of New Hampshire 2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Data Acuity, Inc

400 Lafayette Rd., #2-2A

Hampton, NH 03842

ENTITY TYPE: CORPORATION

BUSINESS ID: 542598

STATE OF DOMICILE: NEW HAMPSHIRE

Development, sale, servicing of software

ADDRESS OF PRINCIPAL OFFICE:

400 Lafayette Rd., #2-2A

Hampton, NH 03842

REGISTERED AGENT AND OFFICE:

Morris, Edward F, Esq

400 Lafayette Road

Hampton, NH 03842

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME James C Desrosiers
STREET 400 Lafayette Rd #2-2A
CITY/STATE/ZIP Hampton NH 03842

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME James C Desrosiers
STREET 400 Lafayette Rd #2-2A
CITY/STATE/ZIP Hampton NH 03842

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):

jimd@dataacuity.com



054259820101502

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529